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- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

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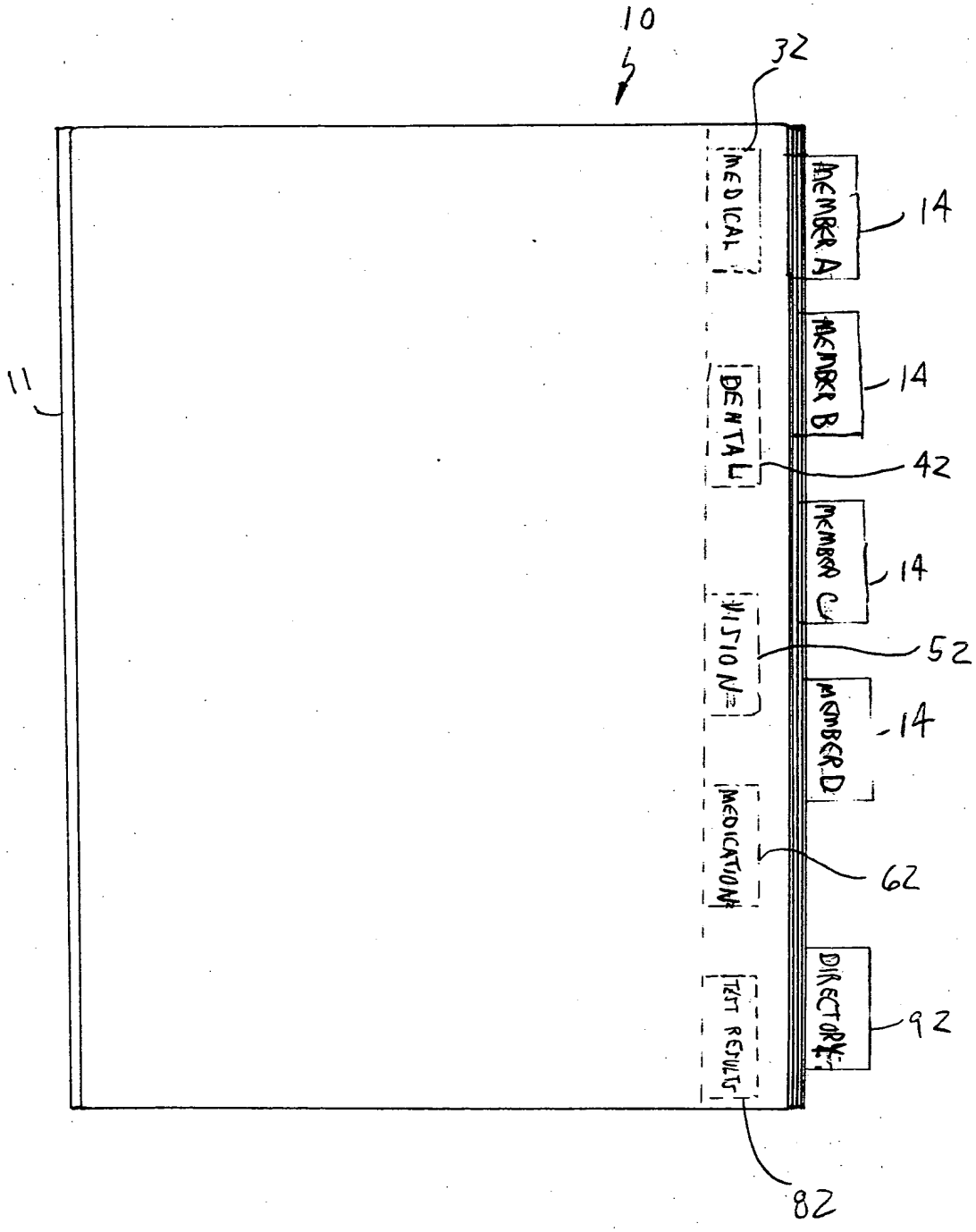
FIG. 1


10
32
MEDICAL
DENTAL
VISION
MEDICATION
TEST RESULTS
MEMBER A
MEMBER B
MEMBER C
MEMBER D
DIRECTORY
14
14
14
42
52
62
92
82
11

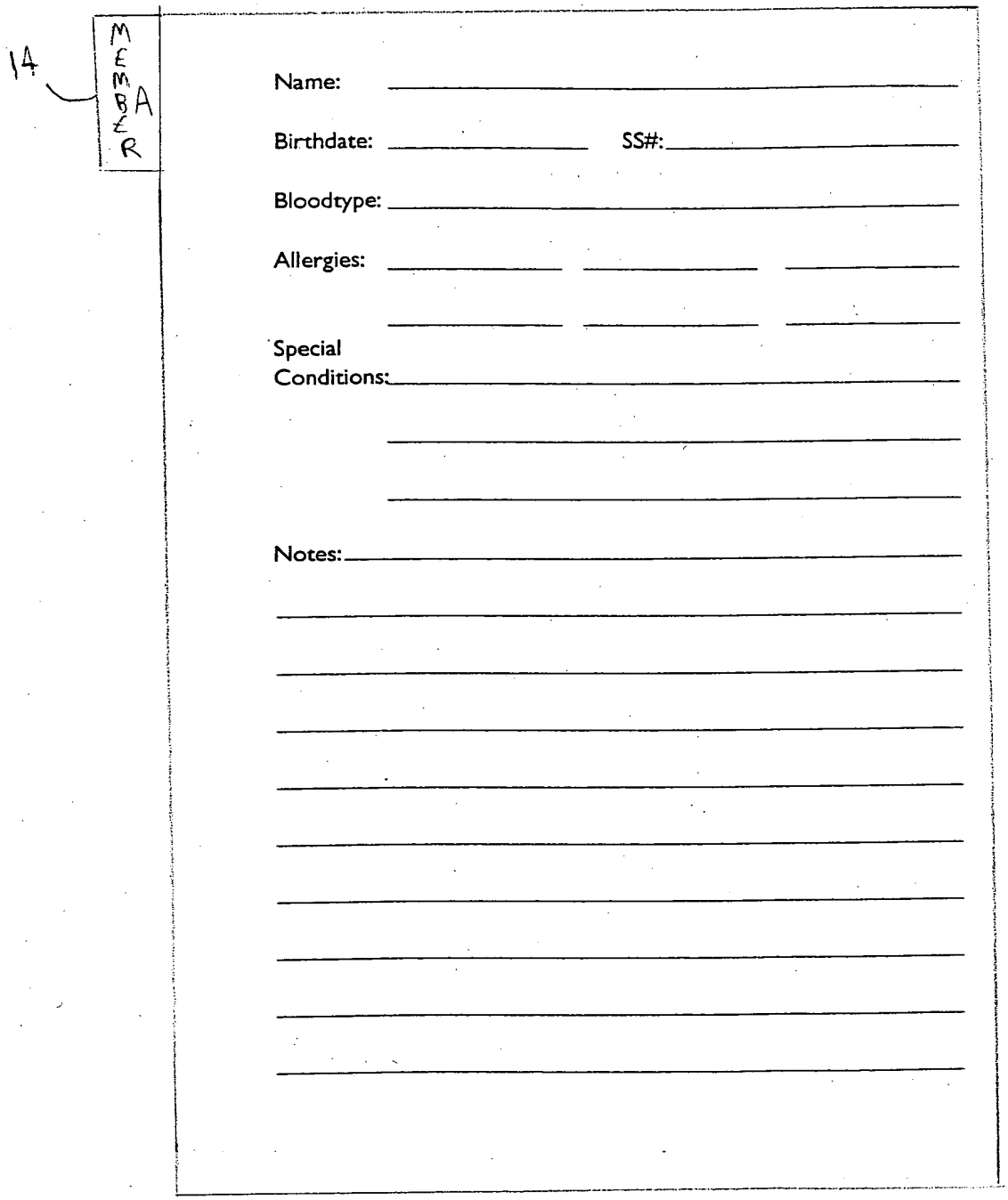
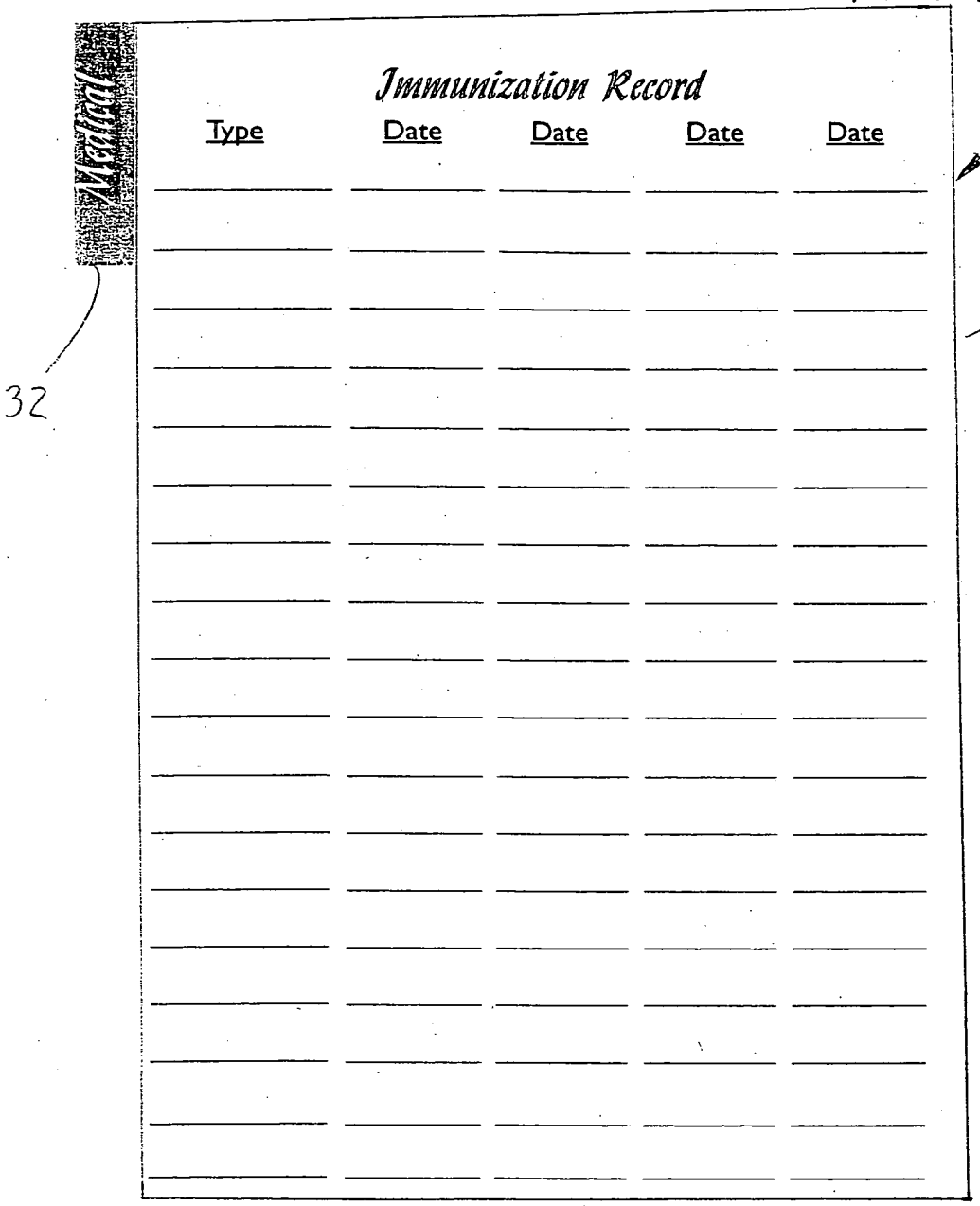

14
MEMBER
10
Name:
Birthdate:
SS#:
Bloodtype:
Allergies:
Special
Conditions:
Notes:

FIG. 2

FIG. 3


Medical
Immunization Record
Type
Date
Date
Date
Date
16
33
32

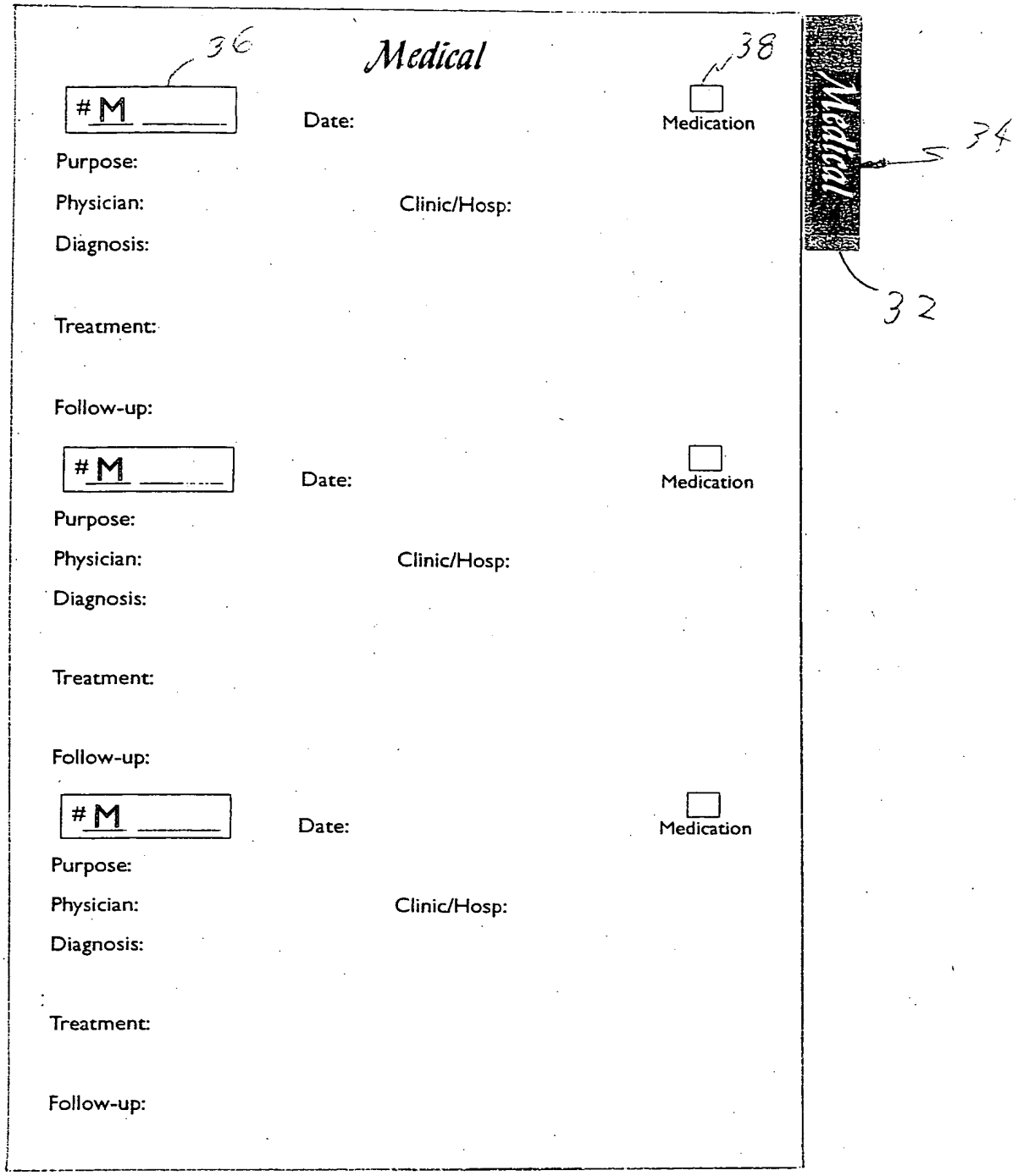

Medical
36
38
#M
Date:
Medication
Purpose:
Physician:
Clinic/Hosp:
Diagnosis:
Treatment:
Follow-up:
#M
Date:
Medication
Purpose:
Physician:
Clinic/Hosp:
Diagnosis:
Treatment:
Follow-up:
#M
Date:
Medication
Purpose:
Physician:
Clinic/Hosp:
Diagnosis:
Treatment:
Follow-up:
Medical
34
32

FIG. 4

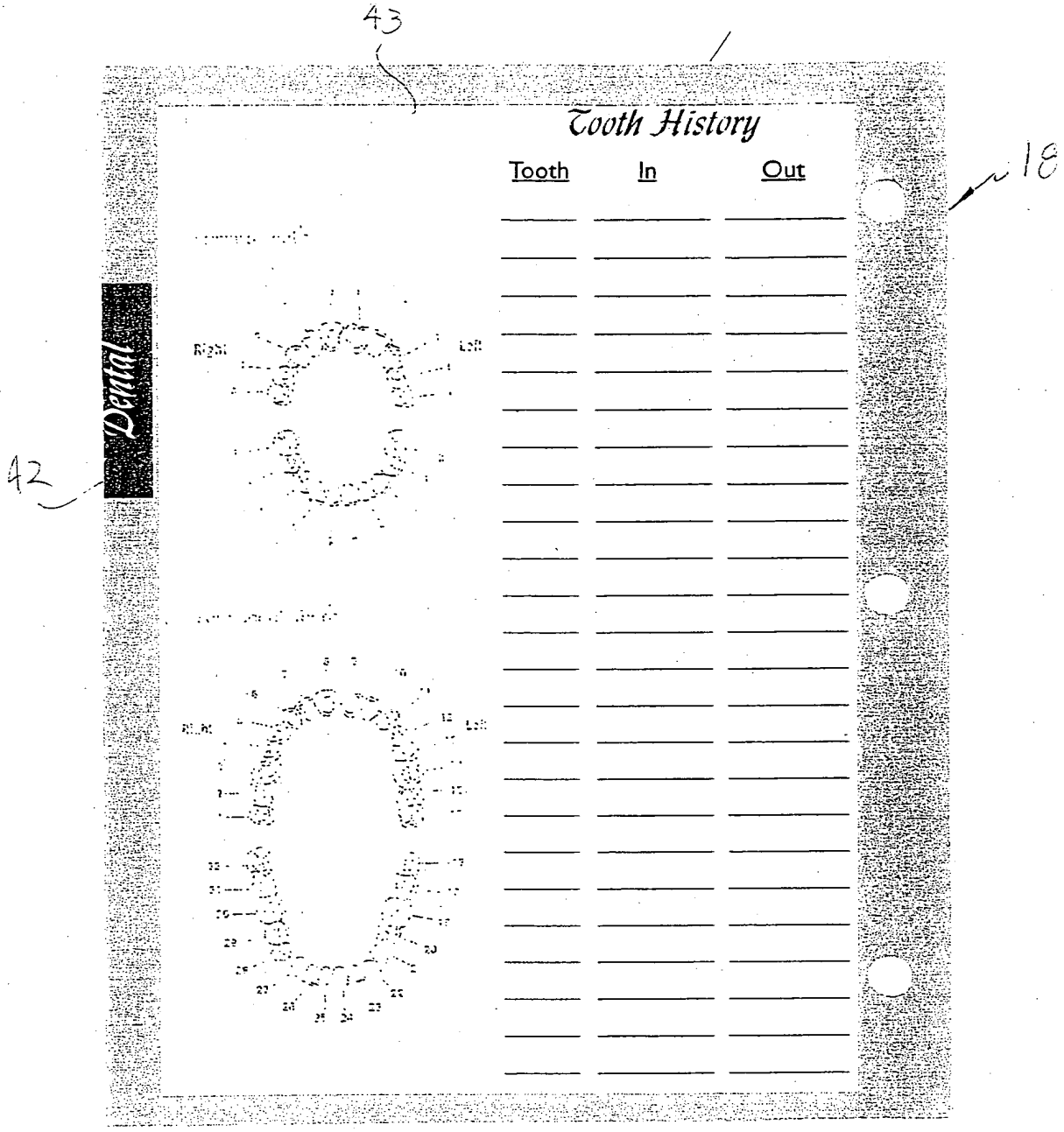


FIG. 5

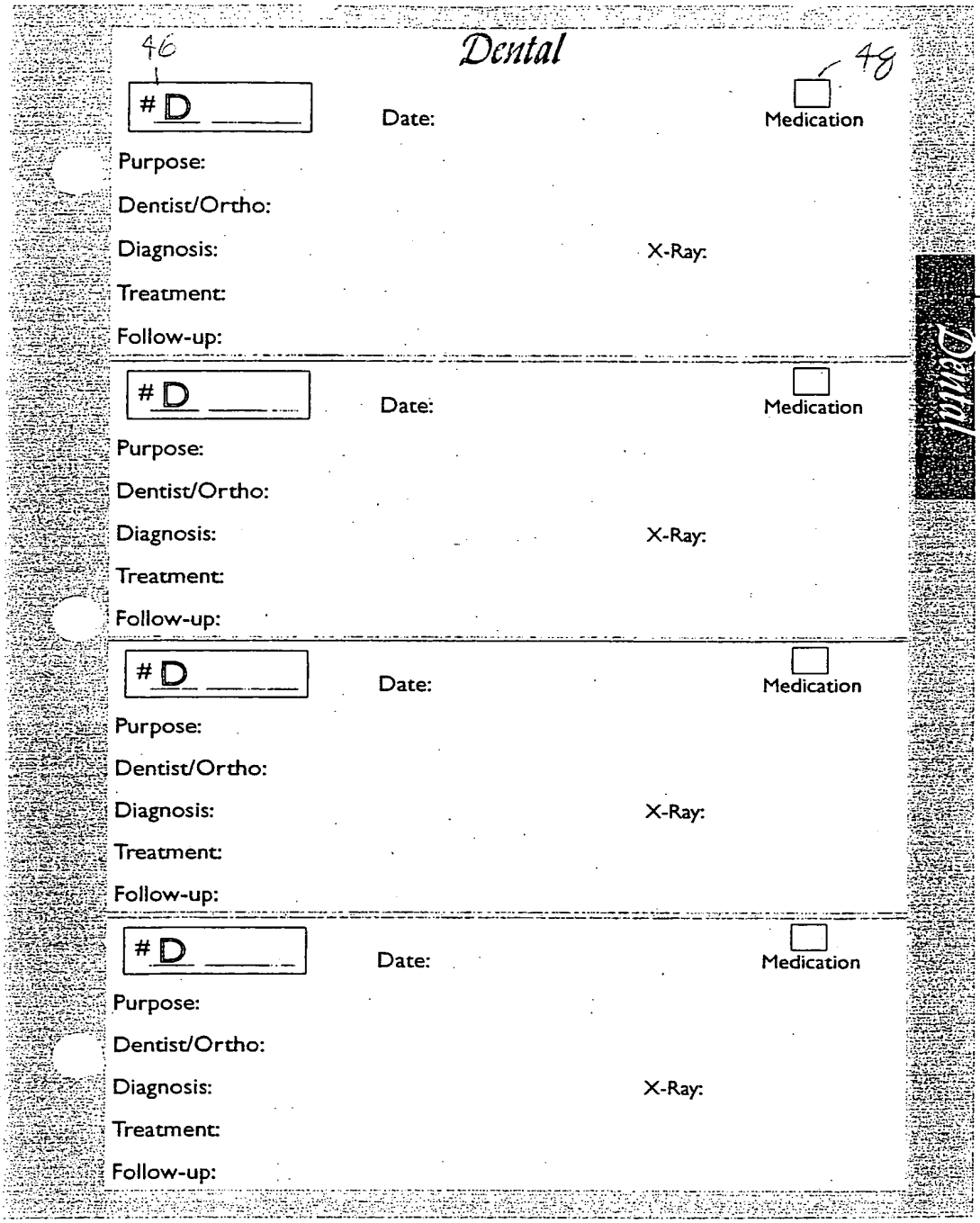

46
Dental
48
D
Date:
Medication
Purpose:
Dentist/Ortho:
Diagnosis:
X-Ray:
Treatment:
Follow-up:
42
Dental

FIG. 6

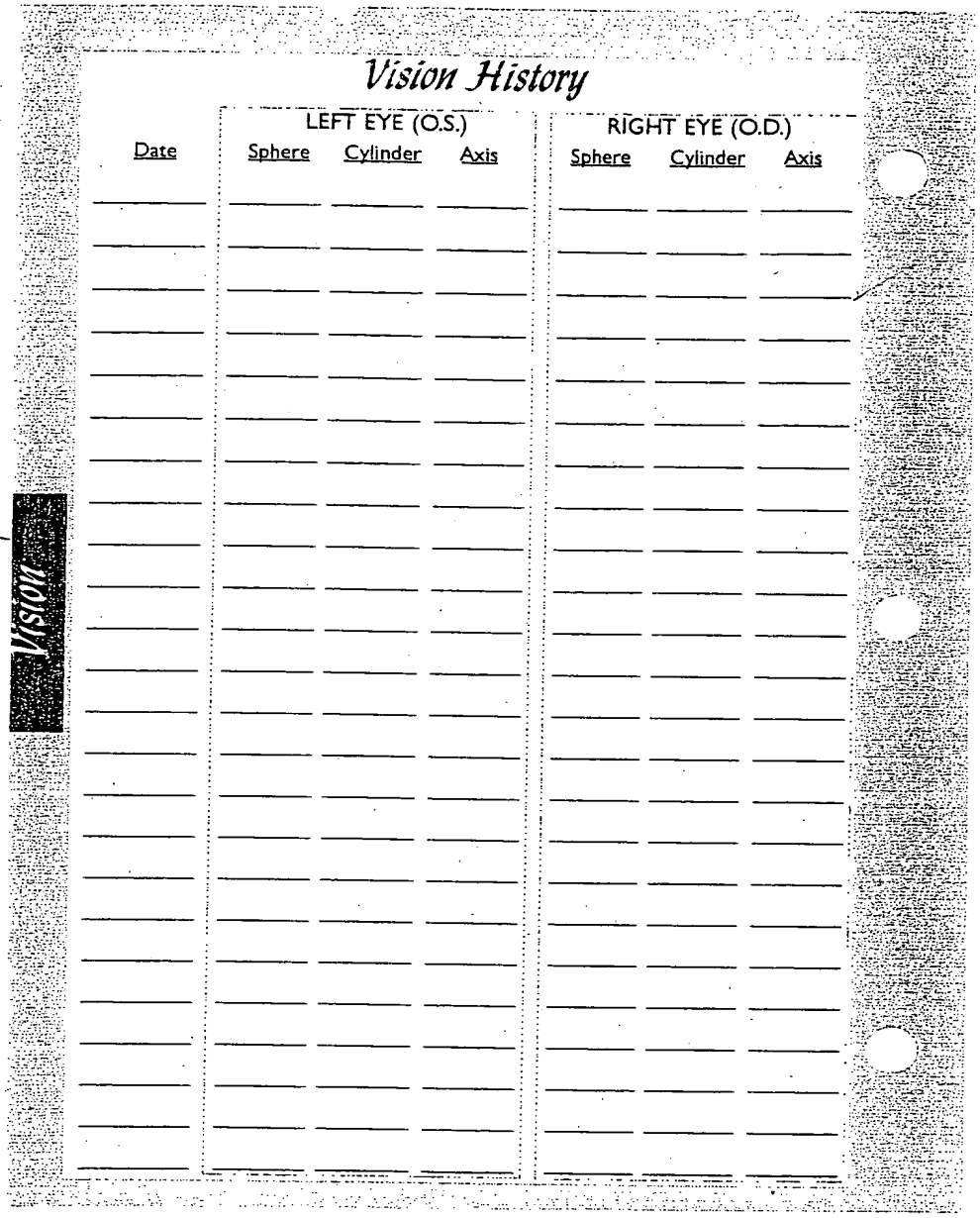

Vision History
Date
LEFT EYE (O.S.)
Sphere
Cylinder
Axis
RIGHT EYE (O.D.)
Sphere
Cylinder
Axis
Vision
52
53

FIG. 7

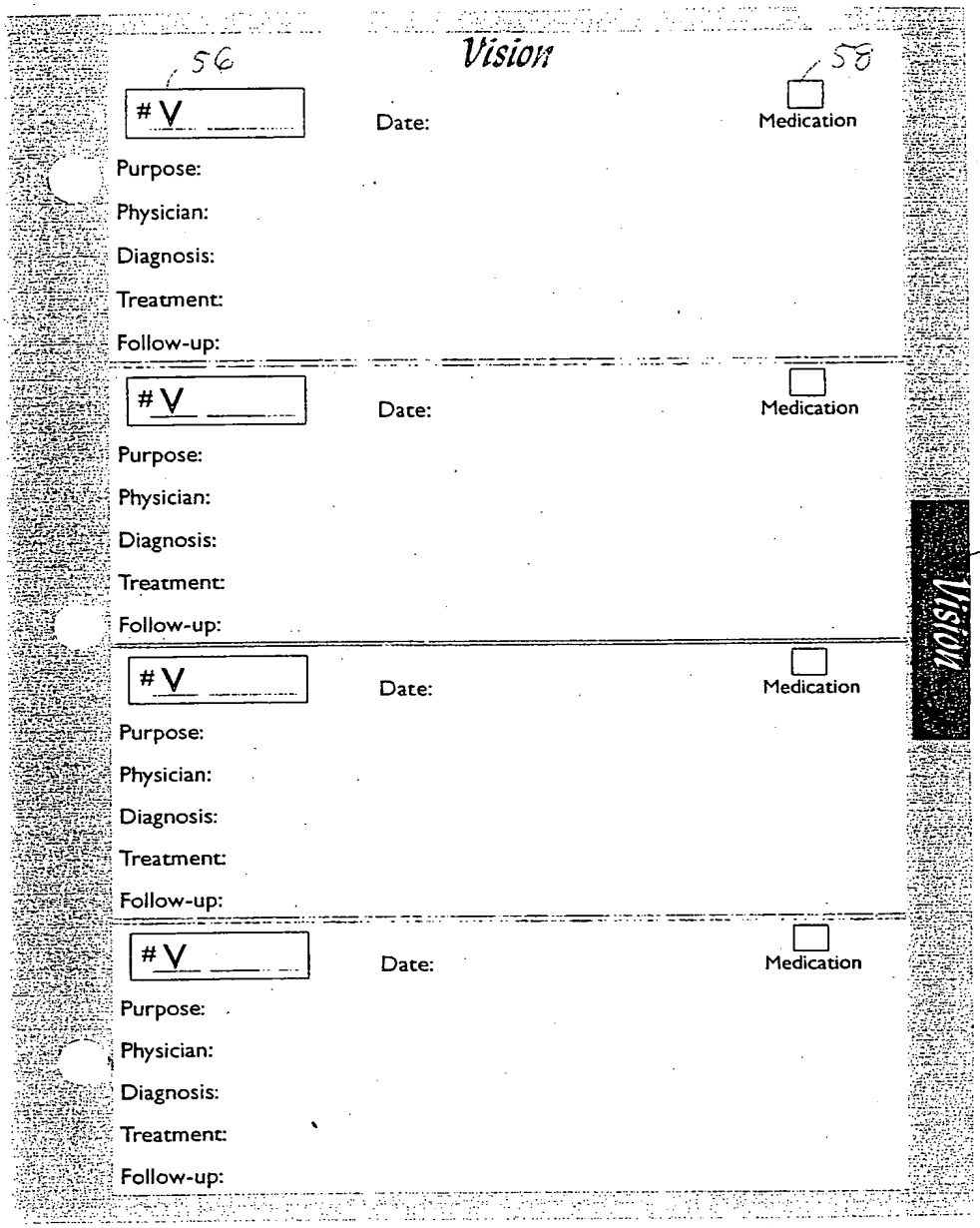

Vision
56
58
V
Date:
Medication
Purpose:
Physician:
Diagnosis:
Treatment:
Follow-up:
V
Date:
Medication
Purpose:
Physician:
Diagnosis:
Treatment:
Follow-up:
V
Date:
Medication
Purpose:
Physician:
Diagnosis:
Treatment:
Follow-up:
V
Date:
Medication
Purpose:
Physician:
Diagnosis:
Treatment:
Follow-up:
Vision
52

FIG. 8

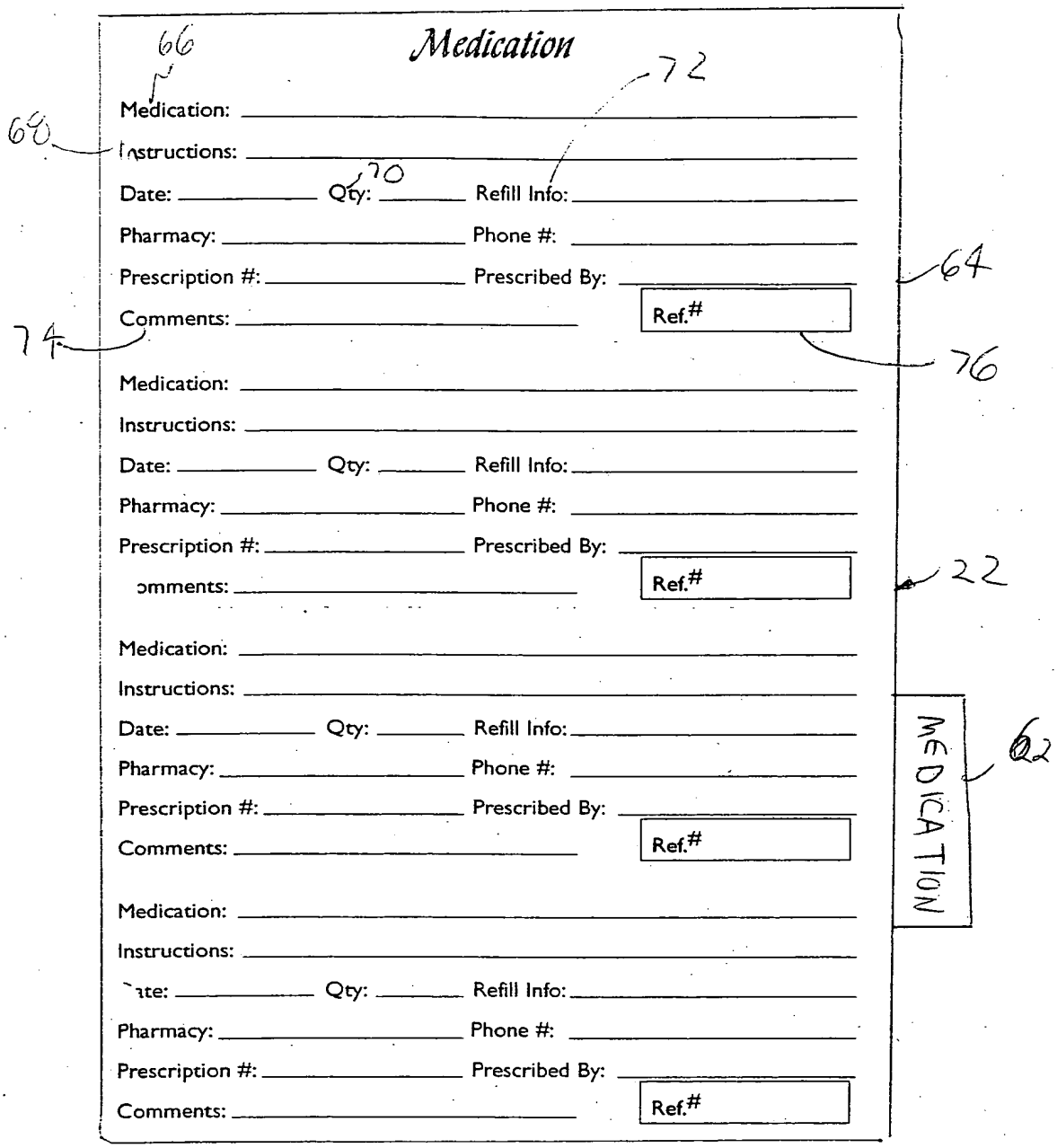

Medication
66
72
68
70
Medication:
Instructions:
Date:
Qty:
Refill Info:
Pharmacy:
Phone #:
Prescription #:
Prescribed By:
64
Comments:
Ref.#
74
76
Medication:
Instructions:
Date:
Qty:
Refill Info:
Pharmacy:
Phone #:
Prescription #:
Prescribed By:
22
Ref.#
Medication:
Instructions:
Date:
Qty:
Refill Info:
Pharmacy:
Phone #:
Prescription #:
Prescribed By:
Comments:
Ref.#
MEDICATION
62
Medication:
Instructions:
Qty:
Refill Info:
Pharmacy:
Phone #:
Prescription #:
Prescribed By:
Comments:
Ref.#

FIG. 9

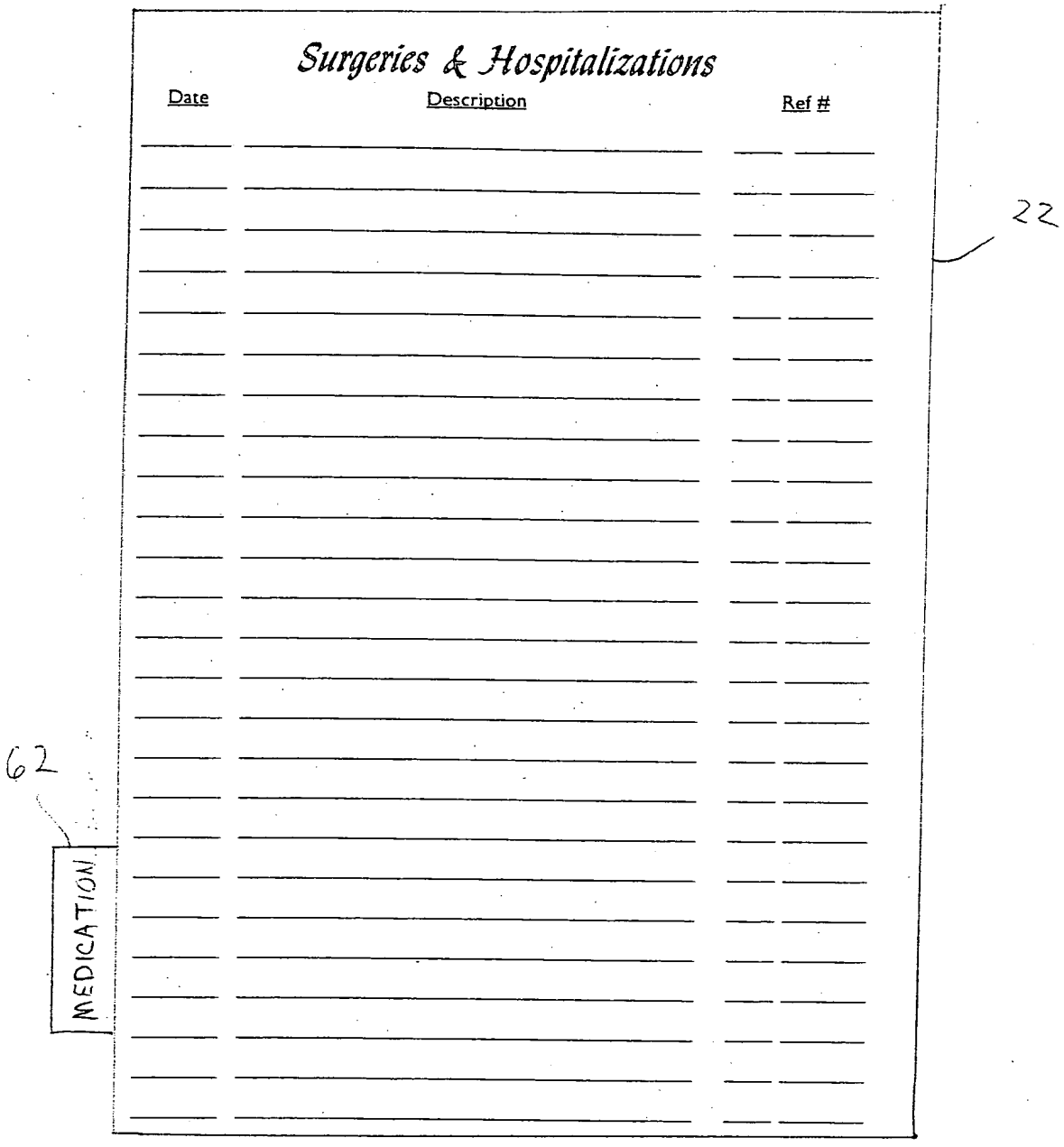

Surgeries & Hospitalizations
Date
Description
Ref #
22
62
MEDICATION

FIG. 10

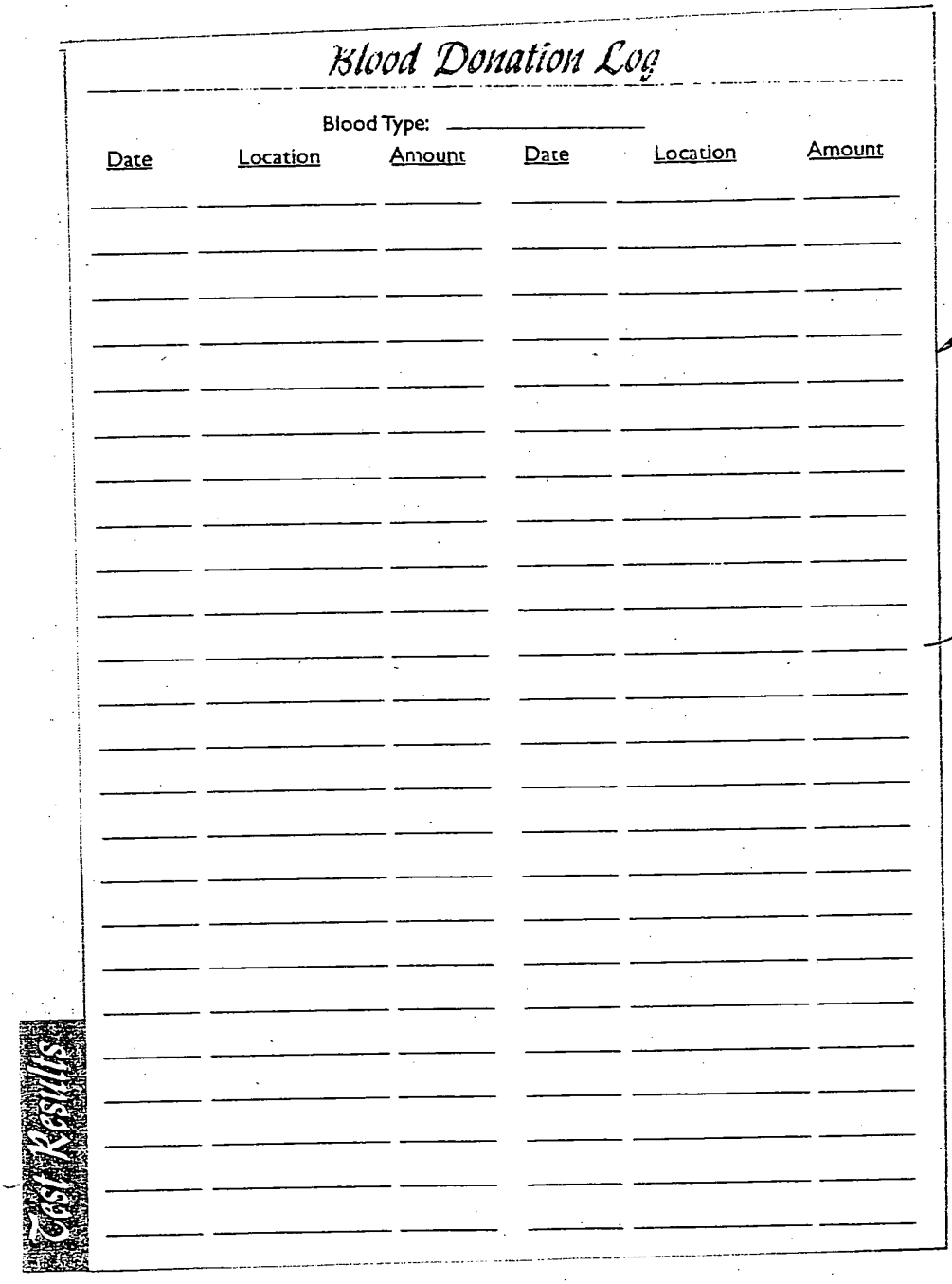

Blood Donation Log
Blood Type:
Date
Location
Amount
Date
Location
Amount
STUDY RESULTS

FIG. 11

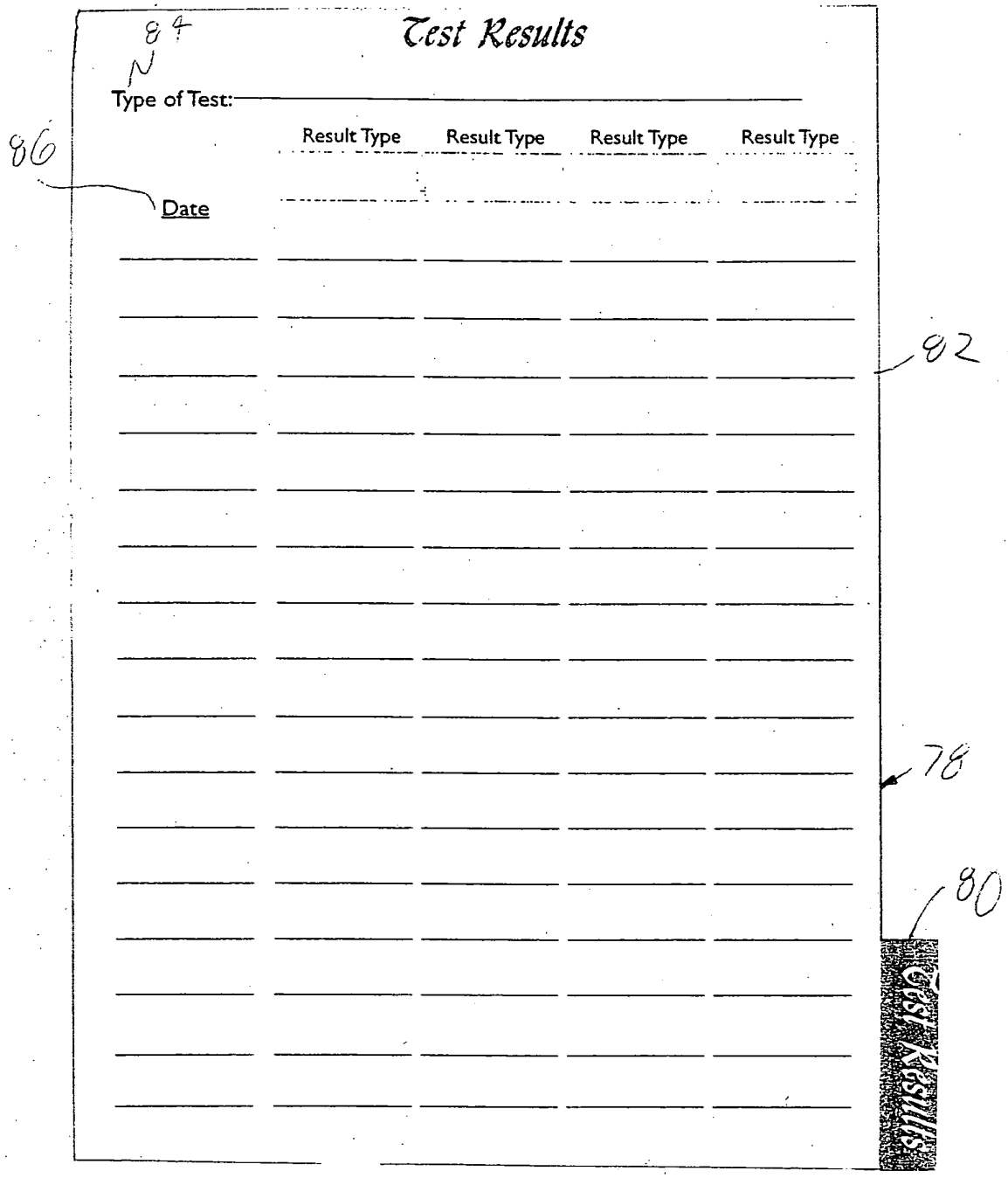

Test Results
84
Type of Test:
Result Type
Result Type
Result Type
Result Type
86
Date
82
78
80
Test Results

FIG. 12

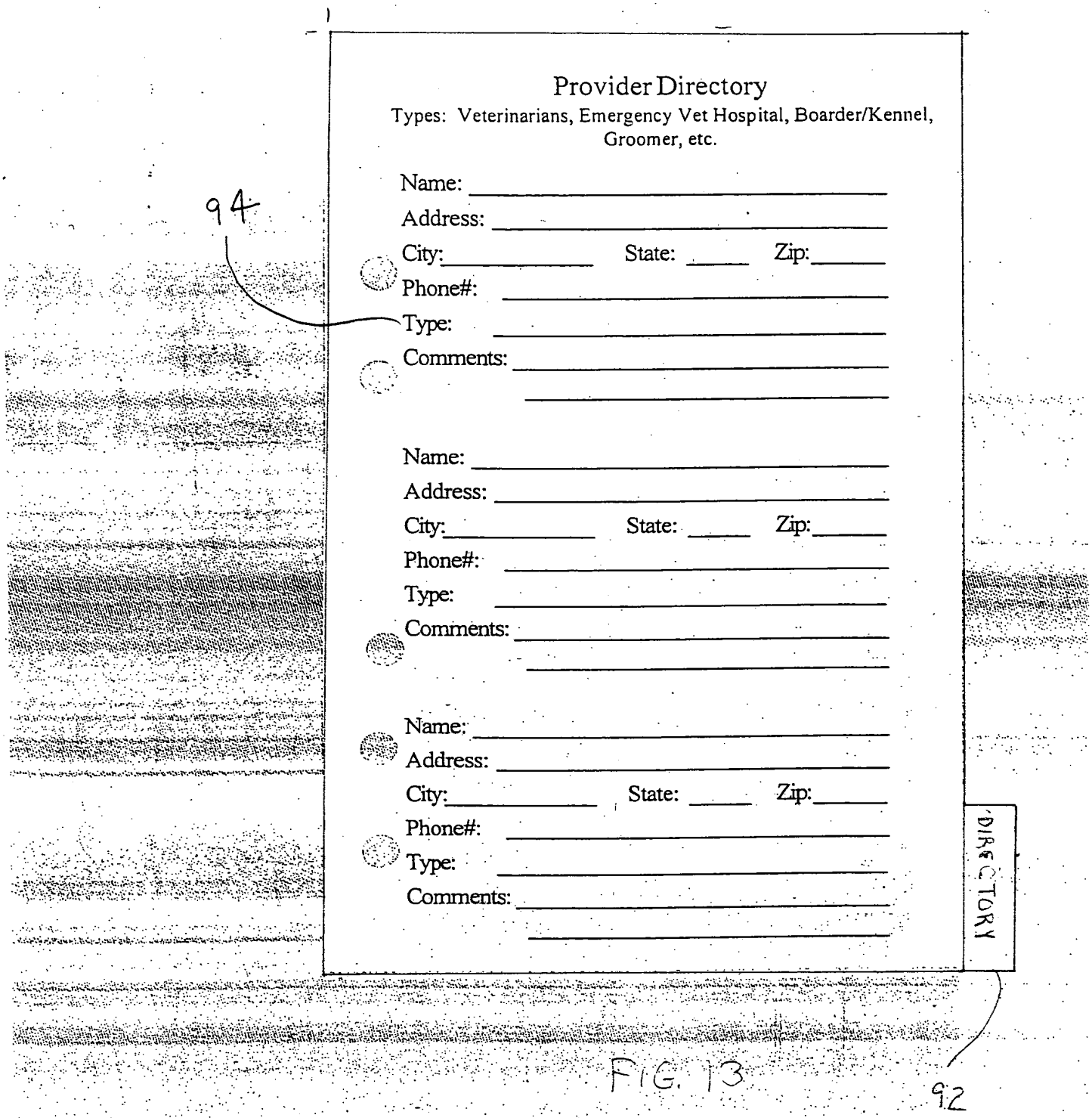

Provider Directory
Types: Veterinarians, Emergency Vet Hospital, Boarder/Kennel, Groomer, etc.
Name:
Address:
City: State: Zip:
Phone#:
Type:
Comments:
Name:
Address:
City: State: Zip:
Phone#:
Type:
Comments:
Name:
Address:
City: State: Zip:
Phone#:
Type:
Comments:
DIRECTORY
94
92

FIG. 13